COMMUNITY CARE LICENSING DIVISION

"Promoting Healthy, Safe and Supportive Community Care"

CDSS

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Dementia Questions and Answers For New RCFE Regulations Effective July 3, 2004

DEMENTIA QUESTIONS AND ANSWERS

The Dementia Questions and Answers Guide that follows was developed by the Community Care Licensing Division's Policy Bureau to address questions received pertaining to the dementia regulations for Residential Care Facilities for the Elderly that became effective on July 3, 2004. These questions were raised by Licensing field staff as well as licensees and other interested parties. The purpose of this Guide is to provide a reference tool for some of the most frequently asked questions about the dementia regulations. The 73 questions in the Guide have been grouped by topic and a table of contents has been included for ease of use.

While this Guide is intended to assist in the understanding of the dementia regulations, it does not substitute for having a good working knowledge of the regulations. The full text of the dementia regulations is included under Residential Care Facilities for the Elderly, located at:

http://www.dss.cahwnet.gov/ord/CCRTitle22_715.htm

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QUESTIONS AND ANSWERS PERTAINING TO DEMENTIA REGULATIONS

New Dementia Regulations:

Q1: How will licensees know about the new dementia regulations and, with decreased licensing visits, how will Licensing Program Analysts let licensees know they need to meet more requirements?

Answer:

Licensees are mandated by Health and Safety Code Section 1569.155 to subscribe to the appropriate regulation subscription service and are responsible for keeping current on changes in regulatory requirements. Provider associations write updates on new regulations and provide training, and a memo went out to Administrator Certification Program Vendors on October 15, 2004, informing them of the new dementia regulations. Information pertaining to the dementia regulations was also put into the Community Care Licensing Division's Adult and Senior Care Update that went out in August and December 2004. Also, when the Licensing Program Analyst is on a facility complaint or visit, he/she should make the licensee aware of the new dementia regulations. If a licensee already had a dementia waiver, this is especially important since there is no longer a waiver and the requirements in Section 87724 must be met if the licensee has any residents diagnosed with dementia.

Definitions and Related Questions:

Q2: Section 87569(b)(5) specifies that the medical assessment shall include the determination of whether a person is ambulatory or nonambulatory as defined in Section 87101(a) or (n).....what is (n)?

Answer:

Section 87569(b)(5) refers to Section 87101(a) as a cross-reference for locating the definition for ambulatory and refers to Section 87101(n) as a cross-reference for locating the definition for nonambulatory. The letter "n" indicates all definitions beginning with "n".

Q3: Why is the definition for "mild cognitive impairment" included? Is "mild cognitive impairment", Section 87101(m), a legitimate definition recognized by the appropriate authority for use and where did Licensing get this definition? Doctors have given the diagnosis of confusion; how will this help here?

Answer:

Mild cognitive impairment refers to people whose cognitive abilities are in a "conditional state" between normal aging and dementia. The definitions for "dementia" and "mild cognitive impairment" recognize the differences in level of functioning, which are needed to allow for different approaches to care and supervision. Without a diagnosis of

dementia, the Department wants to maintain a resident's dignity and does not want to infringe on a resident's rights. Mild cognitive impairment is not considered to be dementia. Regulations emphasize the need for ongoing assessments and continuous observation of those individuals with mild cognitive impairment because their condition could change suddenly. Once these residents are diagnosed with dementia, Section 87724, Care of Persons with Dementia, will apply. Section 87724 does not apply to licensees who accept or retain residents with a diagnosis of mild cognitive impairment. Nothing in regulations requires a physician to diagnose mild cognitive impairment.

The definition for "mild cognitive impairment" is a legitimate definition that is a consensus of many experts including the Alzheimer's Society, the Alzheimer's Disease Center, and Dr. Steven Ferris of the Silberstein Aging and Dementia Research Center. The term "mild cognitive impairment" is fairly common because on the internet, under one search engine, there were over 62,000 articles on mild cognitive impairment.

The Department has not included a diagnosis of confusion. Many things can cause confusion including medication, lack of sleep, a disease, etc.

Q4: What is organic brain syndrome and is it considered to be dementia?

Answer:

Organic brain syndrome is a general term used to categorize physical conditions that can cause mental disorders associated with organic brain syndrome including degenerative disorders, cardiovascular disorders, trauma-induced brain injury, dementia due to metabolic causes, respiratory conditions, infections, drug and alcohol related conditions, and Parkinson's disease. In general, organic brain syndromes cause varying degrees of confusion, delirium (severe, short term losses of brain function), agitation and dementia. The term usually does not include psychiatric disorders.

Dementia Waiver (No Longer Required):

Q5: What is the reason for removing the dementia waiver (especially at a time with fewer facility visits), since the waiver was a good tool for Licensing Program Analysts to use to deny licensees the option of accepting residents with dementia if licensees were not in compliance?

Answer:

The Department has been moving in a direction to eliminate the need for some waivers and exceptions by putting criteria directly into regulations that the licensee must meet. This saves the Licensing Program Analyst time and puts the needed safeguards into place. Criteria that had to be met in order for Licensing to grant a dementia waiver are still required. Originally the waiver was only for licensees who had residents who were nonambulatory due to dementia and could not demonstrate mental competence to leave a building unassisted in case of an emergency.

Q6: How do Licensing offices handle the situation in which licensees are still sending in dementia waivers?

Answer:

If requests for dementia waivers are submitted, Licensing must inform the licensee that dementia waivers are no longer required as of July 3, 2004.

Q7: What regulation section should the Licensing Program Analyst cite if a facility, that once had the dementia waiver, is unaware that the waiver no longer exists, and the licensee has residents diagnosed with dementia but is not meeting the requirements of Section 87724?

Answer:

The Licensing Program Analyst should cite Section 87724(a), which specifies that licensees must comply with Section 87724 if they accept or retain residents diagnosed by a physician to have dementia. During the Plan of Correction visit, the Licensing Program Analyst will make sure that all of the requirements in Section 87724 are being met. The Licensing Program Analyst must cite specific section numbers within Section 87724 for any regulations that are not in compliance.

Q8: Should Residential Care Facilities for the Elderly be in substantial compliance in order to care for residents with dementia? What happens to facilities that had a dementia waiver and there was already action taken against them prior to July 3, 2004?

Answer:

Yes. Licensing can specify whether the licensee is allowed to accept or retain residents with dementia if the licensee is not maintaining substantial compliance. Any facility not in compliance that previously had a dementia waiver, prior to July 3, 2004, should already have had the waiver rescinded based on lack of substantial compliance with the regulations. Those that didn't, for whatever reason, should still be subject to case management visits during which <u>all</u> requirements of Section 87724 should be checked and cited where appropriate.

Q9: If a licensee had a dementia waiver and a program in place for residents with dementia, does the facility have to comply with Section 87724 and/or Sections 87725 and 87725.1 if the licensee has no residents diagnosed with dementia at the facility? (For instance all residents are alert, but the delayed-egress devices are turned off and cleaning supplies are accessible etc.)

Answer:

As of July 3, 2004, the dementia waiver no longer applied, but the requirements in Section 87724 only apply if the licensee has a resident living in the facility that has been diagnosed by a physician to have dementia. In the past, the licensee did not have to have

residents with dementia to be approved for the dementia waiver, but were required to have a plan in place. Current regulations specify that if a resident appears to have dementia and that resident is in a facility that is not meeting the requirements in Section 87724, the Department can require the licensee to obtain an updated medical assessment [Section 87569(c)]. The Pre-Admission Appraisal shall be updated in writing as frequently as necessary to note significant changes and to keep the appraisal accurate. The licensee shall immediately bring any such changes to the attention of the resident's physician, family members, responsible person, if any, and conservator. If that physician then diagnoses the resident as having dementia, the licensee can be cited if he/she retains the resident and does not meet the requirements in Section 87724. A licensee is not required to meet the requirements in Section 87724 if a resident is diagnosed with mild cognitive impairment, but must update the Pre-Admission Appraisal as necessary. If a licensee is advertising or promoting dementia special care, programs, and/or environments, then he/she must meet all of the requirements in Section 87724 (as specified in Section 87725(a)) and also meet all requirements in Sections 87725 and 87725.1.

Q10: If a licensee already submitted a dementia waiver is he/she responsible for the new requirements under Section 87724? How is this situation being handled?

Answer:

If a licensee has already submitted a dementia waiver, the licensee is responsible for meeting the new requirements under Section 87724 only if the licensee has residents in the facility that have been diagnosed with dementia. The Licensing Program Analyst can cite the licensee if the requirements are not being met and revisit the facility to ensure that the licensee is in compliance.

Q11: Can a licensee automatically be allowed to take residents with dementia if he/she complies with Section 87724 since the dementia waiver no longer applies?

Answer:

Yes. Licensees may accept residents diagnosed by a physician to have dementia without prior approval from Licensing since the dementia waiver no longer applies. Licensees will be cited if they have residents diagnosed with dementia, but they are not meeting the requirements in Section 87724.

Q12: If a facility is not in compliance and is caring for residents with dementia, does Licensing have the authority to restrict the licensee from providing care to persons with dementia?

Answer:

Yes. Licensing has the authority to restrict the licensee from providing care to persons with dementia. Licensees can be cited if not complying with: Section 87724, if they care for residents diagnosed with dementia; Sections 87724, 87725 and 87725.1, if they advertise or promote dementia special care; and the other Residential Care Facilities for the Elderly regulations. Also, the licensee can be told that the facility is restricted from

accepting or retaining residents diagnosed with dementia until the facility is in overall substantial compliance with the regulations.

Q13: What does a Licensing Program Analyst do in the situation when a licensee is selling his/her Residential Care Facility for the Elderly business and telling the buyer to purchase the licensee's business since a dementia waiver has already been obtained?

Answer:

No waiver is transferable, including the former dementia waiver. Licensing offices should document the false/erroneous claims about a current waiver and cite the facility under Section 87112, False Claims. In the case of change of ownership, a new application shall be submitted by the applicant. As specified in Section 87218(a)(16), the supporting documents for the application include the Plan of Operation, as specified in Section 87222.

Q14: Are there any waivers required for licensees caring for residents with dementia?

Answer:

Some waivers may still be required for licensees caring for residents with dementia, even though the dementia waiver no longer applies. If a licensee locks exterior doors or perimeter fence gates, the licensee shall obtain a waiver from Section 87572(a)(6), to prevent residents from leaving the facility (Section 87724(l)(3)). Other waiver requirements in the Residential Care Facilities for the Elderly regulations still apply, if pertinent.

Questions Pertaining to the Plan of Operation:

Q15: Section 87222 requires that the Plan of Operation contain a statement of admission policies and procedures regarding acceptance of persons for services. Is it considered to be advertising dementia special care, programs, or environments if the licensee specifies that he/she accepts residents with dementia?

Answer:

No. The licensee would not be considered to be advertising dementia special care if he/she meets the requirement of Section 87222(a)(3) by simply stating that he/she accepts residents with dementia. Also, Section 87724(b) requires additional information in the Plan of Operation, as does Section 87725(a)(2), and the licensee is obligated to meet these requirements. If the licensee elaborates and describes special programs, environments, and/or services, then the licensee will be considered to be advertising or promoting dementia special care and must then meet the requirements in Sections 87724, 87725, and 87725.1. If the Admission Agreement or brochures or other informational material talk about special programs, environments, and/or services pertaining to dementia, then this is also considered to be advertising or promoting.

Q16: Do licensees who accept residents with dementia have to send in their changes to the Plan of Operation to licensing to be compliant with the new requirements in Section 87724, and those in Section 87725 if they advertise? What is the procedure, how do they cite for this and what is the timeline?

Answer:

As of July 3, 2004, all new licensees and current licensees were required to meet the Plan of Operation requirements in Section 87724(b) if they planned on retaining or accepting residents diagnosed by a physician to have dementia. Section 87222(a), Plan of Operation, states that each facility shall have and maintain a current, written definitive Plan of Operation. Any significant changes in the Plan of Operation that would affect the services to residents shall be submitted to Licensing for approval. The licensee who plans to advertise dementia special care shall submit to Licensing the additional requirements for the Plan of Operation that have not been submitted previously, as described in Section 87725(a)(2). They also have until that date to amend the Admission Agreement to inform the resident and the responsible person, if any, or the conservator, that the facility features, as specified in Section 87725(a)(2) are described in the Plan of Operation and are available for review upon request.

Q17: Section 87724(b) stipulates additional requirements in the Plan of Operation if the licensee retains or accepts residents with dementia, including addressing the safety measures in place for behaviors such as wandering, aggressive behavior and ingestion of toxic materials. Is this considered to be advertising dementia special care?

Answer:

No. Meeting the requirements in Section 87724(b) is part of being in compliance with Section 87724, Care of Persons with Dementia, and has nothing to do with advertising dementia special care.

Q18: Section 87725(a)(2)(I) specifies that the Plan of Operation must include a brief narrative description of "changes in condition" and procedures to be followed if a licensee is advertising dementia special care. Shouldn't the regulations clarify that the authorized representative, conservator or family member must be notified of any changes in the resident's condition and information must be shared with them?

Answer:

Section 87591, Observation of the Resident, already requires observed changes pertaining to a resident to be documented and brought to the attention of the resident's physician and the resident's responsible person, if any. In addition, Section 87724(b) specifies that the Plan of Operation shall address the needs of residents with dementia, including procedures for notifying the resident's physician, family members and responsible persons who have requested notification, and conservator, if any, when a resident's behavior or condition changes.

Admission Agreement:

Q19: Section 87725(a)(3) requires that the Admission Agreement informs the resident and the resident's responsible person, if any, or the conservator that the facility features, specified in Section 87725(a)(2), are described in the facility's Plan of Operation and that the Plan of Operation is available for review upon request. How do continuing care providers that advertise or promote dementia special care comply with the Admission Agreement requirements of Section 87725(a)(3)?

Answer:

The continuing care provider should comply with these requirements in the same way as all other licensees of Residential Care Facilities for the Elderly, except with respect to existing independent living residents. Continuing care providers who are subject to Section 87725, and advertise or promote dementia special care, may comply with Section 87725(a)(3) by: 1) updating their Plan of Operation to comply with Section 87725(a)(2); 2) providing written "notice" (i.e., in a letter) to its existing independent living residents in a form that meets the requirements of Section 87725(a)(3); 3) complying with the Admission Agreement requirements of Section 87725(a)(3) for all residents who are newly admitted into the Continuing Care Retirement Community; and, 4) entering into an addendum with each current resident receiving care and supervision that brings their existing Admission Agreements into compliance with Section 87725(a)(3).

Q20: Do licensees have to send Licensing a copy of the Admission Agreement when they advertise that they care for residents with dementia?

Answer:

Yes. The Admission Agreement is part of the facility Plan of Operation and must be submitted to Licensing for approval whenever there are any significant changes that would affect the services to the residents, as required by Section 87222(a). Section 87725(a)(3) requires that if a licensee is advertising dementia special care, programming, and/or environments, the Admission Agreement shall inform the resident and the resident's responsible person, if any, or the conservator, that the facility features, as specified in Section 87725(a)(2), are described in the facility's Plan of Operation and that the Plan of Operation is available for review upon request. Since this is a significant change to the Admission Agreement, it must be sent to Licensing. Attachments to the Agreement may be utilized as long as they are also dated and signed.

Resident Records:

Q21: Section 87570(b)(15) specifies that each resident record shall contain specified documents and information. Shouldn't the list of required documents include the "Needs and Services Plan" in order to be complete?

Answer:

The list is complete as the Residential Care Facilities for the Elderly regulations do not have a "Needs and Services Plan" like the general licensing requirements. The Pre-Admission Appraisal, which is already listed as a required document, includes the requirement that, prior to admission, a determination of the prospective resident's suitability for admission shall be completed. This includes an appraisal of his/her individual service needs in comparison with the admission criteria specified in Section 87582. Also, this shall include an evaluation of the prospective resident's functional capabilities, mental condition, and an evaluation of social factors as specified. Except as provided in Section 87701.5(g)(3), if an initial appraisal or any reappraisal identifies an individual resident service need that is not being met by the general program of facility services, advice shall then be obtained from a physician, social worker, or other appropriate consultant to determine if the needs can be met by the facility. If so, the licensee and the consultant shall develop a plan of action. This shall include the criteria in Section 87583(c)(2)(A) – (D).

Q22: Did Policy forget to put Section 87583.1 into Resident Record's Section 87570(b)(15) that lists the documents to be maintained in the resident records?

Answer:

Section 87583.1(a) requires the licensee to arrange a meeting with the resident, the resident's responsible person, if any, appropriate facility staff, and a representative of the resident's home health agency, if any, and any other appropriate parties, to prepare a written record of the care the resident will receive in the facility. Section 87583(a)(4) specifies that the meeting and documentation described in this section may be used to satisfy the reappraisal requirements of Section 87587. That documentation, Section 87587 – Reappraisals, is listed already in records under Section 87570(b)(15)(E).

Q23: Section 87566(f)(2), Personnel Records, specifies that Licensing shall be entitled to inspect, audit, remove if necessary, and copy the personnel records upon demand during normal business hours. Does removal of personnel records have the same prohibitions/conditions as the removal of resident's records?

Answer:

Yes. The removal of personnel records has the same prohibitions/conditions as the removal of residents' records. The dementia regulations only contain provisions for the removal of records for sections that were revised in that regulation package. However, another pending regulation package, Records Removal and Reproduction, will apply uniform prohibitions/conditions to the removal of facility records, including personnel and resident records. The proposed Records Removal and Reproduction Regulations will clarify the Department's authority to inspect, audit, and remove, if necessary, for copying

facility records upon demand during normal business hours. The Department expects those regulations to become effective in 2005.

Personal Rights:

Q24: How can a resident with dementia sign a statement to give up personal rights to enter a locked facility or to wear egress devices, if they cannot understand what they are reading?

Answer:

Having dementia does not mean the resident is unable to understand what they are reading. Probate Code Section 4657 states, "A patient is presumed to have the capacity to make a health care decision, to give or revoke an advance health care directive, and to designate or disqualify a surrogate." Probate Code Section 4609 states, "Capacity means a person's ability to understand the nature and consequences of a decision and to make and communicate a decision." Probate Code Section 4658 provides that a determination that a patient lacks capacity shall be made by the primary physician. Health and Safety Code Section 1569.698(f) specifies that any person who is not a conservatee and is entering a locked or secured perimeter facility pursuant to this section, shall sign a statement of voluntary entry.

Q25: Section 87724(i) specifies that, "The licensee may use wrist bands or other egress alert devices worn by the resident with the prior written approval of the resident or conservator, provided that such devices do not violate the resident's rights as specified in Section 87572, Personal Rights." If there is no conservator, family member or other entity to oversee the resident other than the licensee, and the resident is severely demented, who approves the device?

Answer:

Probate Code Section 1801(a) specifies that a "conservator of the person" may be appointed by the court for a "person who is unable to provide properly for his or her personal needs." The legislature has found that people with dementia "should have a conservatorship to serve their unique and special needs," as specified in Probate Code Section 2356.5(A)(1). By statute, a person is presumed to be capable to make decisions unless he/she is conserved.

Q26: Section 87724(l)(4)(B) specifies that in a locked facility, there must be a written statement signed by each non-conserved resident that states the resident understands that the facility has exterior door locks or perimeter fence gate locks and that the resident voluntarily consents to admission. Again, if there is no conservator, family member or other entity, does licensing accept the written statement signed by the resident only, even if they have a diagnosis of dementia?

Answer:

Yes. (See Questions 24 and 25) Health and Safety Code Section 1569.698(f) specifies that any person who is not a conservatee, and who is entering a locked or secured perimeter facility pursuant to this section, shall sign a statement of voluntary entry. The Department has no authority to expand the type of persons, designated in statute, who can consent to enter a locked or secured perimeter facility.

Q27: Does responsible person have legal authority?

Answer:

The term "responsible person" is only in Community Care Licensing regulations, Section 87101(r)(6), and means "that individual or individuals, including a relative, health care surrogate decision maker, or placement agency, who assists the resident in placement or assumes varying degrees of responsibility for the resident's well-being." A responsible person who is not the resident's conservator or other legally authorized representative has no legal authority to act on the resident's behalf.

Planned Activities:

Q28: Is the licensee required to provide 24 hours of activities since some residents have sundowning behavior?

Answer:

Section 87579 in the general Residential Care Facilities for the Elderly regulations does not give a time limit for planned activities. The Physician's Report for Residential Care Facilities for the Elderly now has a box where physicians can indicate if the individual wanders or exhibits sundowning behavior. This will alert the licensee that there may need to be some type of night time activities or extra staffing.

Medical Assessment/Pre-Admission Appraisal/Reappraisals:

Q29: Do residents with mild cognitive impairment need to have an annual physical?

Answer:

Only residents with dementia must have an annual medical assessment. Residents with mild cognitive impairment are not considered to have dementia and are treated the same

as all other residents who do not have dementia. Appraisals are conducted on an ongoing basis as specified in Section 87587. They must be updated as frequently as necessary to note significant changes and to keep the appraisal accurate.

Q30: Do the requirements in Section 87724 apply if the physician diagnoses a resident to have dementia, but it is the secondary diagnosis?

Answer:

Yes. The licensee must meet the requirements in Section 87724 for any resident diagnosed by a physician to have dementia, regardless of whether it is a primary or secondary diagnosis.

Q31: Who is required to do the Physician's Report and what is the definition of a medical assessment?

Answer:

Section 87569(a) specifies that prior to a person's acceptance as a resident; the licensee shall obtain and keep on file documentation of a medical assessment, signed by a physician, made within the last year. The licensee shall be permitted to use the LIC 602A to obtain the medical assessment. Section 87569(b)(1) requires a physical examination of the resident indicating the physician's primary diagnosis and secondary diagnosis, if any. The Department of Health Services governs who can provide medical examinations. For example, a nurse practitioner is allowed by law to give physical examinations, but the physician must sign-off and is ultimately responsible.

Q32: Is it required for the resident or prospective resident to be seen by a physician? Who gives the appraisals?

Answer:

The physician has a role in the appraisal process as specified in the regulation citations below. Prior to a person's acceptance as a resident, the licensee shall obtain and keep on file documentation of a medical assessment, signed by a physician, made within the last year. Section 87569(c) specifies the licensee shall obtain an updated medical assessment when required by the Department. Appraisals are conducted on an ongoing basis pursuant to Section 87587, Reappraisals. The Pre-Admission Appraisal shall be updated in writing as frequently as necessary to note significant changes and to keep the appraisal accurate.

Licensees are involved in the appraisal process, but it is not specified that they actually have to give the appraisal itself. Section 87583, Pre-Admission Appraisal, specifies that prior to admission, the prospective resident and his/her responsible person, if any, shall be interviewed by the licensee or the employee responsible for facility admissions. Section 87583.1 specifies that the licensee shall arrange a meeting with the resident and appropriate individuals to review and revise the written record as specified, when there is significant change in the resident's condition, or once every 12 months, whichever occurs first.

Q33: Are assessments provided by facility staff or a physician?

Answer:

Both. Section 87569(a) specifies that prior to a person's acceptance as a resident, the licensee shall obtain and keep on file, documentation of a medical assessment, signed by a physician, made within the last year. Section 87569(b) specifies what information must be included in that assessment. The licensee shall obtain an updated medical assessment when required by the Department.

Section 87583 specifies that prior to admission, the prospective resident and his/her responsible person, if any, shall be interviewed by the licensee or the employee responsible for facility admissions and a determination of the prospective resident's suitability for admission shall be completed and shall include an appraisal of his/her individual service needs. Section 87591 requires licensees to observe residents for any changes in physical, mental, emotional and social functioning. When changes are observed, the licensee shall ensure that such changes are documented and brought to the attention of the resident's physician and the resident's responsible person, if any.

Q34: What could direct care staff do if they suspect a resident has dementia?

Answer:

A diagnosis of dementia must be made by a physician. Section 87591 requires licensees to observe residents for any changes in physical, mental, emotional and social functioning. When changes are observed, the licensee shall ensure that such changes are documented and brought to the attention of the resident's physician and the resident's responsible person, if any. The Pre-Admission Appraisal shall be updated, in writing as frequently as necessary to note significant changes and to keep the appraisal accurate. Ongoing assessments are necessary as a resident's condition can change suddenly.

Q35: Section 87724(c)(5)(A) specifies that "when any medical assessment, appraisal, or observation indicates that the resident's dementia care needs have changed, corresponding changes shall be made in the care and supervision provided to that resident." What about documenting changes in care on the care plan of services to the resident?

Answer:

Care plan requirements have not changed. If the resident's needs change, then this must be brought to the attention of a physician, social worker, or other appropriate consultant to determine if the needs can be met by the facility. If so, the licensee and the consultant shall develop a plan of action. (See Section 87583(c)(2)) In addition, the licensee must meet the requirements in Section 87591, Observation of the Resident. The licensee has always been responsible for updating the care plan and for delivering the necessary services.

LIC 602A:

Q36: Is the Physician's Report, LIC 602A, a required form?

Answer:

No. The form is not required, but the licensee is responsible for meeting regulatory requirements and the LIC 602A assists with gathering necessary information. Changes to this form were made to assist the licensee in obtaining information required in the new dementia regulations.

Staffing Requirements/Private Caregivers:

Q37: Won't it be difficult to follow someone who continuously tries to leave a facility if there is only one resident with dementia in a six-bed facility?

Answer:

Section 87724(c)(4) specifies that there must be an adequate number of direct care staff to support each resident's physical, social, emotional, safety and health care needs as identified in his/her current appraisal. The licensee must relocate the resident if he/she cannot meet his/her needs by having adequate staffing.

Q38: If a Needs and Services Plan is not up to date, how can licensing tell how many staff are needed?

Answer:

A Needs and Services Plan is not required by Residential Care Facilities for the Elderly regulations, but there is a requirement for an appraisal of the resident's individual service needs in comparison with the admission criteria specified in Section 87582. To get an idea how many staff are needed, the Licensing Program Analyst can look at the Physician's Report to find out how much care each resident may need. The Licensing Program Analyst can also look at the extra charges for care on the Admission Agreement. Additionally, the Licensing Program Analyst can compare how many individuals in a facility need special care with the number of direct care staff present at any given time. The Licensing Program Analyst should take into account such things as residents needing help with the activities of daily living, residents who are incontinent, those that need continuous turning, and those that are nonambulatory. Night staffing can be determined by finding out if any residents wander at night or must have special needs taken care of at night. There must always be a staff person available to care for others if another staff person has to provide individual care. The Licensing Program Analyst could ask residents if staff are attentive and meet their needs in a timely way.

Q39: How does the Licensing Program Analyst tell the licensee that he/she must have more staff in place to meet the residents' needs to comply with Section 87724(c)(4)? A concern is that small facilities cannot afford to pay a lot of staff, turnover is great, and with the new requirements, licensees may lose staff.

Answer:

(See Question 38) Licensing Program Analysts need to look at the Plan of Operation, which contains the statement of purposes and program goals; the statement of admission policies and procedures regarding acceptance of persons for services; and an Admission Agreement, which shows basic and optional services. Then the Licensing Program Analyst must look at the needs of the residents and compare this with the Plan of Operation and Admission Agreement. The Licensing Program Analyst can discuss the comparison of these documents with the licensee to show why there may not be enough staffing. A licensee may have to reduce the number of residents, or accept residents with fewer needs, so that staffing will not be a problem.

Q40: How do private caregivers handle the requirements in Sections 87724, 87725, and 87725.1?

Answer:

Private caregivers are not required to meet licensing regulations. They are hired by the resident, the resident's family or the conservator to provide personal services to residents in Residential Care Facilities for the Elderly, including companionship or additional baths beyond the number of baths the licensee is required to provide. Under Health and Safety Code Section 1569.312, the licensee must provide the basic services, which, by definition, include assistance with activities of daily living. Regulation Sections 87590(f) and 87578(a) more specifically describe these activities to include assistance with personal care as needed by the resident with the activities of daily living that the resident is unable to do for him/herself. The licensee cannot delegate these services. The services of a private caregiver do not relieve the licensee of the responsibility for all regulatory and statutory requirements.

Observation of the Resident:

Q41: Former regulatory language in Section 87591, Observation of the Resident, was removed that specified that the licensee shall provide appropriate assistance when such observation reveals unmet needs, which might require a change in the existing level of service, or possible discharge, or transfer to another type of facility. By removing this language, has the Licensing Program Analyst lost the ability to have a resident move out of a facility to an appropriate level of care if necessary?

Answer:

Language was removed about requiring a change in the existing level of service, or possible discharge, or transfer to another type of facility because it went beyond observing the resident and is covered elsewhere. Section 87589(a)(4) specifies that the licensee

may, upon 30 days written notice to the resident, evict the resident if, after admission, it is determined that the resident has a need not previously identified and a Reappraisal has been conducted pursuant to Section 87587; and the licensee and the person who performs the Reappraisal believe that the facility is not appropriate for the resident. Section 87701.3 specifies that if a resident has a health condition that cannot be cared for within the limits of the license, requires inpatient care in a health facility, or has a health condition prohibited by Section 87582(c) or Section 87701, the Department shall order the licensee to relocate the resident.

Section 87724 – General Question:

Q42: If a licensee takes residents with dementia, must that licensee have a special dementia program?

Answer:

No. A licensee does not have to have a special dementia program to take residents with dementia. If a licensee accepts or retains residents diagnosed by a physician to have dementia, then he/she must meet all of the requirements in Section 87724. The licensee must still meet all the Plan of Operation requirements in Section 87222.

Personal Grooming and Hygiene Items Belonging to Residents Diagnosed with Dementia:

Q43: Section 87724(g) allows residents with dementia to keep personal grooming and hygiene items in their own possession unless there is evidence to substantiate that the resident cannot safely manage the items. Evidence means documentation from the resident's physician that the resident is at risk if allowed direct access to personal grooming and hygiene items. What happens if residents with dementia share a room with other residents and/or wander?

Answer:

The licensee is responsible for the health and safety of all residents. Section 87724(b)(2) requires the Plan of Operation to address the needs of residents with dementia that includes safety measures to address behaviors such as wandering and ingestion of toxic materials. If at risk, the licensee must ensure that any item that may be potentially dangerous is inaccessible to residents, or residents may need to be relocated.

Q44: What do direct care staff do if they see a resident drink cologne, but the physician has not documented that the resident is at a risk if allowed direct access to personal grooming and hygiene items? Isn't it a violation of their personal rights and a violation to regulations to take the cologne away from the resident?

Answer:

Residents may not keep personal grooming and hygiene items in their own possession if there is evidence to substantiate that the resident cannot safely manage the items.

Section 87572(a)(2) specifies that one of the personal rights of a resident is to be accorded safe and healthful accommodations. There is nothing safe or healthful if the licensee allows the resident to keep the cologne in his/her room if it is being used inappropriately. Health and Safety Code Section 1569.312 specifies that the licensee must monitor the activities of the residents while they are under the supervision of the facility to ensure their general health, safety, and well-being.

Q45: Section 87724(f) lists the items to be stored inaccessible to residents with dementia. What if the facility has a separate wing, building, or floor? What if the facility is a six-bed facility and not all residents are diagnosed with dementia?

Answer:

Regardless of how rooms are configured, the licensee is responsible for protecting the health and safety of all residents. Section 87724(f) only applies if the licensee accepts or retains residents diagnosed by a physician to have dementia. Other Residential Care Facilities for the Elderly regulations pertaining to storage of items are applicable to residents not diagnosed as having dementia. Section 87692 regulates storage of items. Section 87575(h)(1)(B) specifies that medications shall be centrally stored if any medication is determined by the physician to be hazardous if kept in the personal possession of the person for whom it was prescribed. Section 87575(h)(1)(C) specifies that medications shall be centrally stored because of potential dangers related to the medication itself, or due to physical arrangements in the facility and the condition or the habits of other persons in the facility or the medications are determined by either a physician, the administrator, or Department to be a safety hazard to others.

Q46: Section 87724(f)(2) specifies that cigarettes shall be stored inaccessible to residents with dementia. The question came up whether a no smoking policy applies in Veteran's Hospitals.

Answer:

A Veteran's Hospital that is licensed as a Residential Care Facility for the Elderly is under the same regulations as any other Residential Care Facilities for the Elderly.

There is no law or regulation guaranteeing residents the right to smoke in a facility. Licensees must follow the local regulations pertaining to smoking tobacco products. Licensees may not be cited for violating the personal rights of residents if licensees impose restrictions on residents' smoking that is consistent with their Plan of Operation.

Residents who Wander:

Q47: Does Section 87724 apply if a resident wanders and has mild cognitive impairment, but not dementia?

Answer:

No. Section 87724 applies only to residents diagnosed by a physician to have dementia. The licensee shall update the Pre-Admission Appraisal as frequently as necessary to note significant changes and to keep the appraisal accurate because the resident's needs and condition may change suddenly and a new care plan may be necessary to meet the resident's health and safety needs. If changes in a resident's condition are observed, the licensee shall ensure that such changes are documented and brought to the attention of the resident's physician and the resident's responsible person, if any. The physician may re-diagnose the individual and make a determination that the individual's condition has changed and that he/she has dementia, in which case Section 87724 would apply.

Alarms and Other Staff Alert Features:

Q48: What should a Licensing Program Analyst do if the licensee turns off alarms and says that no one ever wanders?

Answer:

Section 87724(j) requires the licensee to have an auditory device or other staff alert feature to monitor exits, if exiting presents a hazard to any resident that is diagnosed by a physician to have dementia. Section 87724(b)(2) requires the Plan of Operation to address the needs of residents with dementia including safety measures to address behaviors such as wandering. The Licensing Program Analyst can review the Physician's Report for Residential Care Facilities for the Elderly (LIC 602A) to see if the physician marked the box indicating a resident wanders, which is under "Mental Condition." The licensee must protect the health and safety of any resident who may wander, even if that person has not been diagnosed as having dementia.

Q49: Why was former language removed in the Residential Care Facilities for the Elderly regulations that all exits have alarms?

Answer:

Former language said that exterior doors shall include an operational bell/buzzer or other auditory devices to alert staff when the door is opened. A licensee may have egress alert features instead of an auditory device. In addition, this language was removed because not all residents with dementia wander or have sundowning behavior. New language specifies that the licensee shall have an auditory device or other staff alert feature to monitor exits, if exiting presents a hazard to any resident that is diagnosed by a physician to have dementia.

Q50: There was concern about the language in Section 87724(j) that the licensee shall have an auditory device or other staff alert feature to monitor exits, if exiting presents a hazard to any resident. The consensus was that it should say, "when exiting presents a hazard to any resident"; otherwise, the licensee will twist this around since the word "if" leaves it up to the licensee's discretion.

Answer:

The word "if" can be used to mean "on condition that." There are many sites throughout regulations where similar language is used. For example, Section 87724(k)(6) specifies facility staff shall ensure the continued safety of residents if they wander away from the facility. Section 87575(h)(1)(B) specifies that medication shall be centrally stored when any medication is determined by the physician to be hazardous if kept in the personal possession of the person for whom it was prescribed. The Physician's Report for Residential Care Facilities for the Elderly (LIC 602A) now includes questions indicating whether the resident has wandering or sundowning behavior and is able to leave a facility unassisted. This information should be reviewed by the licensee so that he/she will know if exiting presents a hazard to the resident.

Q51: If the outside area has a locked gate, is there a need for an auditory device or other staff alert feature to monitor exits, if exiting presents a hazard to any resident?

Answer:

Yes. If exiting presents a hazard to any resident diagnosed as having dementia, the licensee must have an auditory device or other staff alert feature to monitor exits. If the facility is on a busy street and the gardener or other employees have keys to the gate lock, but do not always lock the gate, then a staff alert feature is needed. Also a resident diagnosed with dementia may not be aware of the elements and go outside and be in the sun or cold too long. An auditory device is not a substitute for trained staff in sufficient numbers.

Q52: Do windows need to have auditory devices or other staff alert features on them?

Answer:

No. Windows only have to have auditory devices or other staff alert features to monitor them if exiting presents a hazard to any resident diagnosed with dementia. If a resident with dementia has a room on an upper level of a building with a large window that can be opened, then this regulation would apply. If a window leads to any area that is dangerous and not a secured area then there must be an auditory device or other staff alert feature unless the fire marshal approves locking the window or sliding glass door.

Delayed Egress Devices and Locks on Doors and/or Gates:

Q53: Are fire clearances still required for delayed egress devices on exterior doors or perimeter fence gates and locked exterior doors and/or perimeter fence gates?

Answer:

Yes. The licensee shall ensure that the fire clearance includes approval of locked exterior doors or locked perimeter fence gates and delayed egress devices.

Fences:

Q54: Do both the front yard and back yard require fences if the licensee has residents diagnosed with dementia?

Answer:

Section 87724(h) specifies that licensees must ensure that outdoor facility space used for resident recreation and leisure shall be completely enclosed by a fence, with self-closing latches and gates, or walls, to protect the safety of residents. The licensee does not have to enclose all outdoor areas, but only those areas used by residents diagnosed with dementia for their recreation and leisure.

Bodies of Water in Facilities Housing Residents Diagnosed with Dementia

Q55: Do swimming pools have to be locked up somehow if there are residents with dementia?

Answer:

Section 87724(e) specifies that swimming pools and other bodies of water shall be fenced and in compliance with state and local building codes. Section 87577(e) specifies that facilities providing services to residents who have physical or mental disabilities shall assure the inaccessibility of fishponds, wading pools, hot tubs, swimming pools, or similar bodies of water, when not in active use by residents, through fencing, covering or other means.

Q56: What should the licensee do if there are fountains at the facility and there are also residents with dementia? Does the licensee have to fence all bodies of water, including a koi pond that is located throughout the property?

Answer:

Section 87577(e), Personal Accommodations and Services, specifies that facilities providing services to residents who have physical or mental disabilities shall assure the inaccessibility of fishponds, wading pools, hot tubs, swimming pools, or similar bodies of water, when not in active use by residents, through fencing, covering or other means.

Section 87724(h) specifies that outdoor facility space used for recreation and leisure for residents with dementia shall be completely enclosed by a fence, with self-closing latches and gates, or walls, to protect the safety of residents. A fountain or any other body of water should not be in an area designated for residents with dementia. In addition, there must be adequate staffing to directly oversee the health and safety of all residents.

Advertising Dementia Special Care:

Q57: If licensees use the word "Alzheimer's" or "Dementia" in their business name, are they holding themselves out as providing dementia special care and then must they meet the requirements in Section 87725, Advertising Dementia Special Care, Programming, and/or Environments?

Answer:

Yes. If licensees use the word "Alzheimer's" or "Dementia" in their business name they are holding themselves out as providing dementia special care, programs, and/or environments and must meet the requirements in Sections 87724, 87725, and 87725.1.

Q58: Are directories considered a form of advertising?

Answer:

A directory can be a form of advertising. If a licensee does not intend to advertise or promote dementia special care, he/she must make it clear, when asked or when putting information into a directory, that he/she will accept residents with dementia, but that there is no special care, environments or programs for that clientele.

Q59: Is it considered advertising if a licensee tells a referral agency or hospital discharge planner, when asked, that he/she cares for residents with dementia?

Answer:

If the licensee does not advertise or promote dementia special care, then the licensee must tell the referral agency or hospital discharge planner that he/she accepts residents with dementia but he/she provides no special care, environment or programs. If a family member wants to place a resident with dementia into a facility and asks the licensee if he/she accepts residents with dementia, the licensee must handle it the same way. Licensees who have delayed-egress devices or a special dementia wing are promoting a special environment for residents with dementia and must meet the requirements in Sections 87724, 87725, and 87725.1.

Q60: Should there be something written in the notification specified in Section 87725(b) that the licensee is ceasing to advertise dementia special care, but that he/she will continue caring for residents in the facility that have dementia? Do licensees need to relocate residents with dementia if they are no longer advertising dementia special care?

Answer:

Licensees choosing to discontinue advertising dementia special care may continue to care for residents diagnosed with dementia, and it is the licensees' discretion whether they include language in the notification explaining that they will continue to care for residents with dementia. However, Section 87725(b)(1)(A) requires the notification to specify the date the licensee will cease advertising or promoting dementia special care, programming, and/or environments; and therefore, the licensee shall no longer be required to meet the requirements specified in Section 87725(a) and the training requirements in Section 87725.1.

Licensees do not have to relocate residents with dementia if they are no longer advertising dementia special care as long as they meet the requirements in Section 87724 and the other Residential Care Facilities for the Elderly regulations to ensure the residents' health and safety needs are being met. Only if a licensee advertises or promotes dementia special care, programs and/or environments must that licensee meet the requirements in Section 87724 as well as Sections 87725 and 87725.1.

Training Requirements if Caring for Residents with Dementia:

Q61: Can you explain all the training required for direct care staff caring for residents with dementia, including hours that are not specific to dementia care?

Answer:

1. Residential Care Facilities for the Elderly regulations require that direct care staff receive the training specified in Sections 87565(c) and (d). Section 87565(c) requires Residential Care Facilities for the Elderly staff who assist residents with personal activities of daily living to receive at least ten hours of initial training within the first four weeks of employment and at least four hours annually thereafter. There must be some training on recognizing signs and symptoms of dementia in individuals. In addition, Section 87565(d) specifies that all personnel shall be given on-the-job training or have related experience in the job assigned to them.

2. If direct care staff are working in a Residential Care Facility for the Elderly that cares for residents diagnosed by a physician to have dementia then direct care staff must, in addition to the requirements in Sections 87565(c) and (d), meet the on-the-job training requirements in Section 87724(c)(3). This section specifies training appropriate for the job assigned and as evidenced by safe and effective job performance. This on-the-job training includes dementia care, recognizing symptoms that may create or aggravate dementia behaviors, and recognizing the effects of medications commonly used to treat the symptoms of dementia.

3. In addition to numbers one and two above, licensees who advertise or promote dementia special care, programs, and/or environments for residents with dementia must ensure that direct care staff who provide care to any resident with dementia meet additional training requirements as specified in Sections 87725.1. Direct care staff shall receive six hours of orientation specific to the care of residents with dementia within the first four weeks of working in the facility. Direct care staff shall complete at least eight hours of in-service training on the subject of serving residents with dementia within 12 months of working in the facility and in each succeeding 12-month period. All six topics specified in Section 87725.1(a)(2)(A) shall be covered within a three year period, with a minimum of two of the training topics covered annually.

Q62: Must licensees, since they are considered direct care staff, meet the six hours of orientation and the eight hours of in-service training per year if they care for residents with dementia? Don't they already have requirements for dementia training?

Answer:

Licensees may or may not be considered direct care staff, depending on their duties, as written in the Plan of Operation, and as defined in Section 87101(d). (See Question 61) Licensees advertising or promoting dementia special care, who provide care to residents with dementia, must meet the requirements in Section 87725.1, which include the six hours of orientation and the eight hours of in-service training. A licensee who provides direct care to residents diagnosed with dementia, but does **not** advertise dementia special care, must meet the training requirements specified in Q61 - #2 above.

If the licensee is also the administrator, then there are other requirements for dementia training. Section 87564.3 specifies that the administrator shall complete at least 40 classroom hours of continuing education during each two year certification period. This includes eight hours of the 40 hour continuing education requirement in subjects related to serving residents with Alzheimer's Disease and other dementias. If two of the training topics specified in Section 87725.1(a)(2)(A) are part of this 40 hour training, then this training will meet the eight hours of in-service training, required in Section 87725.1(a)(2) for that year. However, all eight hours of in-service training must be met in a single year and in each succeeding twelve month period.

Q63: If a licensee oversees more than one facility, and direct care staff employed by this licensee sometimes work in any one of these facilities, do those staff persons have to retake the orientation training required in Section 87725.1(a)(1) if the licensee advertises or promotes dementia special care?

Answer:

Direct care staff do not have to retake the orientation required in Section 87725.1(a)(1) if the same training is given to all direct care staff, regardless of the facility they are working in. If training varies per each facility, then the direct care staff must retake the orientation.

The orientation is exclusively on the care of residents with dementia. It can include two hours of mentoring and hands-on training or video tapes, books, etc. Orientation is only required to be repeated if an employee returns to work for the same licensee after a break in service of more than 180 consecutive calendar days or if the employee goes to work for another licensee to provide dementia special care.

Q64: How come Community Care Licensing did not include training for evacuation of residents with dementia during emergency drills as part of the on-the-job training component on dementia care that is specified in Section 87724(c)(3)(A)?

Answer:

In Section 87724(c)(3)(A), Community Care Licensing listed some on-the-job training topics for direct care staff who care for residents with dementia and specified that they receive training as appropriate for the job assigned and as evidenced by safe and effective job performance. Nothing in regulations prohibits evacuation training. The regulation says, "dementia care, including, but not limited to", which indicates that there may be other things to train on besides the topics that are provided.

Q65: As specified in Section 87725.1(a)(2)(E)2.b., a Residential Care Facilities for the Elderly administrator can provide training in facilities where the licensee advertises or promotes dementia special care if he/she meets the education requirements in Section 87725.1(a)(2)(E)1. and has had two years full-time experience, or the equivalent, within the last four years as a Residential Care Facilities for the Elderly administrator. If the administrator meets these requirements to train, but is not in substantial compliance, can the Licensing Program Analyst prohibit the administrator from training?

Answer:

Yes. Section 87564(i) requires the administrator to administer the facility in accordance with the Residential Care Facilities for the Elderly regulations and to provide or ensure the provision of services to the residents in regards to their needs. Section 87564(j) specifies that in those cases where the individual is both the licensee and the administrator for a Residential Care Facility for the Elderly, the individual shall comply with all of the requirements for the licensee and certified administrator. Section 87564.4(a)(6) specifies that the Department may deny or revoke any administrator certificate for violation of licensing regulations or for conduct which is inimical to the health, morals, welfare, or safety of either an individual in or receiving services from the facility. An administrator who is not in substantial compliance may not be able to meet the residents' needs, much less train on meeting those needs; therefore, licensing may prohibit the administrator from training if the licensing record shows that the administrator is not in substantial compliance with licensing laws and regulations.

Q66: If a Residential Care Facility for the Elderly is bought out by a new corporation, but residents are the same, do direct care staff need to retake orientation to meet the requirements in Section 87725.1(a)(1) when a licensee advertises or promotes dementia special care?

Answer:

Direct care staff do not need to retake the orientation if the following remain unchanged: residents, philosophy, purpose and program goals listed in the former licensee's Plan of Operation, basic and optional services to be provided, staffing and duties.

Q67: For a brand new six bed facility, it may be difficult to have an administrator with two out of eight years experience, as required in Section 87565(c)(3)(C), as that person may be brand new to the system. What are the parameters for determining at the local office level alternate verifications of experience for these new providers?

Answer:

Section 87565(c)(3)(C) pertains to trainers of Residential Care Facilities for the Elderly staff, who will be assisting residents with personal activities of daily living. The qualifications for that trainer, if he/she is a Residential Care Facilities for the Elderly administrator, are different than the qualifications required in Section 87725.1(a)(2)(E) for the trainer who will train direct care staff in a facility where the licensee advertises or promotes dementia special care. The amount of education and experience is different for each of these regulations due to different statute. If there is not an administrator to meet the training requirements in Section 87565(c)(3)(C), then a trainer can be used if he/she meets the alternate requirements provided in Section 87565(3)(A) or (B). In addition, Section 87725.1(a)(2)(E)2.a. specifies that a consultant, who meets the requirements in Section 87725.1(a)(2)(C), can be used instead of a Residential Care Facilities for the Elderly administrator to provide training in a facility where the licensee advertises dementia special care. This could include individuals that will provide training at no cost from organizations such as the Alzheimer's Association. Administrators from other Residential Care Facilities for the Elderly that meet the education and experience requirements provided in regulations may also provide training. Section 87725.1(a)(2)(E)2.b. also specifies that a direct care provider for individuals with dementia may also train if that individual has two years full-time experience, or the equivalent, within the last four years and meets the education requirements in Section 87725.1(a)(2)(E)1.

Q68: **A)** Can a trainer train in another Residential Care Facility for the Elderly if he/she meets the requirements in Section 87725.1(a)(2)(E) and already received the eight hours of in-service training?

Answer:

Yes. A trainer must meet the education and experience requirements in Section 87725.1(a)(2)(E) in order to provide the eight hours of in-service training to direct care staff. Besides meeting the education requirements, the required experience includes current employment as a consultant with expertise in dementia care; or two years full-time

experience, or the equivalent, within the last four years, as a Residential Care Facilities for the Elderly administrator or as a direct care provider for individuals with dementia.
Note: If the trainer is a consultant, described in Section 87725.1(a)(2)(C), that individual does not need eight hours of in-service training, but must meet the education requirements for a trainer in Section 87725.1(a)(2)(E)1. and have knowledge on the training topic areas specified in Section 87725.1(a)(2)(A). Administrators from other Residential Care Facilities for the Elderly that meet the education and experience requirements may also provide training. (See Questions 61 & 62 (second paragraph))

B) Does that trainer have to meet with a consultant again?

Answer:

The trainer is not required to meet with a consultant again as long as the training to be provided was initially developed by, or was a result of consultation with, an individual or organization with expertise in dementia care and with knowledge on the training topics specified in Section 87725.1(a)(2)(A). The training must be updated if the trainer is providing numerical data or time-based data. In addition, the trainer should try to include the most current information pertaining to medication usage and dementia care. The consultant can also be the trainer.

Consultant Requirement if Advertising Dementia Special Care:

Q69: Will a resume meet the qualifications for a consultant if the licensee is advertising dementia special care?

Answer:

No. A resume would not meet the qualifications unless it contains the necessary specified documentation. Section 87725.1(a)(2)(C) specifies that the consultant must have expertise in dementia care (see examples in Section 87725.1(a)(2)(C)1.) and knowledge on the training topic areas specified in Section 87725.1(a)(2)(A). The documentation for consultants includes their name, address, and telephone number; the date(s) consultation was provided; the training topics for which consultation was provided; and organization affiliation (if any), as specified in Section 87725.1(a)(2)(C), and/or educational and professional qualifications specific to dementia. The requirements for the consultant are more specific if the consultant is also the trainer. The consultant who is also the trainer must meet the requirements in Sections 87725.1(a)(2)(C) and (E) and document what is required in Sections 87725.1(a)(2)(D) and (F).

Documentation of Staff Training:

Q70: A) How is on-the-job training documented?

Answer:

For on-the-job training, such as that required in Section 87565(d) and 87724(c)(3), documentation shall consist of a statement or notation, made by the trainer, of the content covered in the training. Each item of documentation shall include a notation that indicates which of the criteria, specified in Section 87565(c)(3), is met by the trainer.

B) Are the documentation requirements the same as for the other training requirements?

Answer:

No. The documentation requirements for on-the-job training are different from the other training requirements. Refer to Section 87566(c).

Q71: Shouldn't documentation of course content be added to Section 87725.1(a)(1)(D) that specifies that the licensee shall maintain in the personnel records documentation on the orientation that includes the date(s), the hours provided, the names of staff in attendance, and the method(s) of instruction?

Answer:

Only six hours of orientation are required specific to the care of residents with dementia. This can be taught through various methods including mentoring and presenters, video tapes, interactive material and books. Eight hours of in-service training on the subject of serving residents with dementia are required within 12 months of working in the facility and in each succeeding 12-month period. This training requires specific topics and the licensee shall maintain documentation on the trainer including the topics/subject matter taught and the trainer's experience. Section 87566(c)(2) also specifies that documentation of staff training shall include subject(s) covered in the training, along with other specified documentation. There has to be documentation on the consultant as well, including the training topics, specified in Section 87725.1(a)(2)(A), for which consultation was provided.

Dementia Requirements in Other Facility Categories Besides Residential Care Facilities for the Elderly:

Q72: Are regulations for Adult Day Programs, Adult Residential Facilities and Residential Care Facilities for the Chronically Ill being amended to reflect the changes made in the Residential Care Facilities for the Elderly regulations concerning care for residents with dementia? (i.e., Definitions, Sections 87724, 87725, 87725.1) What do these other licensing categories do in the interim?

Answer:

No. The other licensing categories are not being amended to reflect the changes made pertaining to dementia that were made in the Residential Care Facilities for the Elderly regulations. These changes were a result of Assembly Bill 1753 (Romero), Chapter 434, Statutes of 2000, which was specific to Residential Care Facilities for the Elderly.

Residents with dementia are generally placed in Residential Care Facilities for the Elderly and can be accepted in an Adult Day Program. Regulation Section 87582(b)(6) allows Residential Care Facilities for the Elderly to admit or retain residents under 60 years of age with compatible needs. Also, current statute, Health and Safety Code Section 1531.2, states that Adult Day Programs that provide care and supervision for adults with Alzheimer's Disease and other dementias may install secured perimeter fences or egress control devices of the time-delay type on exit doors to provide for the safety and security of these individuals.

Q73: Adult Day Programs are often located at Residential Care Facilities for the Elderly, but licensed as Adult Day Programs. Do Sections 87724, 87725 and/or 87725.1 apply to Adult Day Programs?

Answer:

No. These sections do not apply to Adult Day Programs. Those programs use their own regulations, as applicable to clients with dementia.